SMALL BUSINESS

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 C.F.R. 1.27(a)(2)) - SMALL BUSINESS CONCERN

I hereby declare mat I am:

an official of the small business concern empowered to act on behalf of the concern identified below: N

MOTAC NEUROSCIENCE LIMITED

NAME OF CONCERN: ADDRESS OF CONCERN:

Williams House Manchester Science Park

Lloyd Street North Manchester M15 6SE United Kingdom

I hereby declare that the above-identified small business concern (including affiliates) qualifies as a small business as defined by the Small Business Administration (SBA) in 13 C.F.R. Part 121. With regard to small business concerns, the SBA has established two widely used size standards - 500 employees for most manufacturing and mining industries and \$6 million in average annual receipts for most non-manufacturing industries. However, many exceptions exist. For the applicable size standard, please contact the SBA or visit http://www.sba.gov/size/.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled: TREATMENT OF BASAL GANGLIA-PELATED MOVEMENT DISORDERS WITH 23-BENZODIAZEPINES by inventors Alan Crossman, Michael Hill, and Jonathan Brotchie described in:

International Application No. PCT/GB2003/003951, filed September 11, 2003. If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 C.F.R. 1.27(a)(1) or by any concern which would not qualify as a small business concern under 37 C.F.R. 1.27(a)(2) or a nonprofit organization under 37 C.F.R. 1.27(a)(3). Note that separate verified statements are required from each named person, concern or organization having rights to the invention averting to their status as small entities.

NAME	·		
ADDRESS	☐ INDIVIDUAL.	SMALL BUSINESS	☐ NON!'KOFIT OKGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as small entity is no longer appropriate. (37 C.F.R. 1.27(g)(1) and (2)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereof, or any patent to which this verified statement is directed.

NAME: TITLE:	ATL CROSSMAN CHIEF ERECUTIVE OFFICER MOTHE WILLIAMS HOUSE, MANCHETTER SCIENCE PARK, LIOYD ST NORTH OFFICER SCIENCE PARK, LIOYD ST NORTH	MANCHESTER
ADDRESS:	WILLIAMS HOUSE, MAINCHESTER Z. SCREWEZ.	65
SIGNATU	DATE: 2ª April	<u> </u>

PCB/JM/P089202PUS

GATES & COOPER LLP

G&C 184.4-US-WO